

Alameda Recreation and Park Department  
2226 Santa Clara Avenue, Alameda, CA 94501  
(510) 747-7529/FAX: (510) 523-4071

**Children with Disabilities Play Group Family Survey**

**Grow Together**

**Fall 2011**

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Birthday \_\_\_\_\_ Age of Child: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Date of Survey: \_\_\_\_\_ Time of Survey: \_\_\_\_\_**

1. What are your child's special needs? \_\_\_\_\_
2. How does your child interact with other children and adults? \_\_\_\_\_  
\_\_\_\_\_
3. Is your child sensitive to: light, touch, sound and/or other environmental factors.  
Please explain how you help your child through this?  
\_\_\_\_\_  
\_\_\_\_\_
4. What is your child's strength in the following areas:  
Interacting with others: \_\_\_\_\_  
  
Personal care: \_\_\_\_\_  
  
Life or emergent academic skills (cutting, coloring, painting, ie) \_\_\_\_\_  
\_\_\_\_\_
5. What is the primary language used at home? \_\_\_\_\_
6. How would you like your child to benefit from this program?  
(What are your social and/or educational expectations for your child?)  
\_\_\_\_\_  
\_\_\_\_\_
7. Is there anything else we need to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_